

# **HB477CarolineThorneSGA\_fav.pdf**

Uploaded by: Caroline Thorne

Position: FAV

**Committees:** Appropriations

**Testimony on:** HB477

**Position:** Favorable

10 February 2023

Chair Barnes, Vice Chair Chang, and the members of the Appropriations Committee,

*The University of Maryland, Student Government Association* supports HB477 in requiring public higher education institutions, with assistance (when requested) from the Maryland Department of Health, to consult students in order to develop a reproductive health services plan. This bill is significant because it ensures health access for Maryland's college students.

My name is Caroline Thorne and I serve as the Director of Government Affairs for the University of Maryland's Student Government Association. On behalf of our SGA, I respectfully request a favorable report of House Bill 477 to ensure college students have access to reproductive health services.

Lack of access to reproductive health care is an issue which distinctively impacts college students. Unwanted and unplanned pregnancies can prevent individuals from completing their education, leaving students with loan debt, lack of degrees and fewer opportunities to advance their careers or education. This issue particularly impacts women. Having access to reproductive health care, including contraceptives, birth control, and accurate information on preventing STDs or unwanted pregnancies is essential to ensuring students' well being on campus.

This bill is important, because it requires institutions to provide on campus healthcare, or create an in depth referral plan with wrap around services. This includes transportation, one of the [factors cited](#) by the NIH as preventing female college students from accessing these important services. Additionally, these plans would be created in consultation with students, increasing their motivation and engagement with reproductive health on campus.

I respectfully request a favorable vote on HB477.

Thank you,



*Caroline Thorne, Student Government Association Director of Government Affairs*  
*University of Maryland — College Park,*  
*cthorne@terpmail.umd.edu*

# **HB477IshaYardiSGA\_fav.pdf**

Uploaded by: Isha Yardi

Position: FAV

**Committees:** Appropriations

**Testimony on:** HB477

**Position:** Favorable

10 February 2023

Chair Barnes, Vice Chair Chang, and the members of the Appropriations Committee,

*The University of Maryland, Student Government Association* supports HB477 in requiring public higher education institutions, with assistance (when requested) from the Maryland Department of Health, to consult students in order to develop a reproductive health services plan. This bill is significant because it ensures health access for Maryland's college students.

My name is Isha Yardi and I'm the Student Government Association Director of Health and Wellness at the University of Maryland. I've also been a member of the Student Health Advisory Committee at our University's Health Center since 2020, and have worked extensively over the past year with our health center's Sexual Health Promotion and Wellness Services unit on our Free Emergency Contraceptive, E.C., pilot program. In Spring of 2021, our student government committed \$16,000 to a Free E.C. pilot program, which gave students access to free Plan B upon request from the health center pharmacy and dining services over a two-year period. Since the program's soft launch, over 5500 units of Plan B have been distributed to students across campus. Student Government has since committed another \$4,000 to continue this program through this Spring. The success of this program demonstrates an urgent need for universities to invest in the reproductive health of their students. But it also shows how accessible reproductive resources should be inextricably linked to the robust physical health services universities already provide their student body. This should go well beyond Plan B, which is used as a time-sensitive medication, to include other forms of preventative reproductive care including birth control and referrals to outside providers.

The timing of HB477 is also an important consideration. Last June, *Roe v. Wade* was overturned by the Supreme Court, effectively granting states jurisdiction over regulating abortion policy. This has significant implications not only for abortion access, but also for general access to broad reproductive care. Since the landmark decision, our Health Center has seen the prices of Plan B almost double, and price forecasting for emergency contraceptives continues to be incredibly unpredictable. This, coupled with a national increase in demand for birth control, makes HB477 of critical importance to universities and their students. University Health Centers are crucial pillars of knowledge and support for students, many of whom are living away from home for the first time. They should be committed to providing comprehensive reproductive healthcare, which is integral to the holistic well-being of many students on campus.

I respectfully request a favorable vote on HB477.

Thank you,



*Isha Yardi, Student Government Association Director of Health and Wellness*  
*University of Maryland — College Park,*  
[\*iyardi@umd.edu\*](mailto:iyardi@umd.edu)

# **Testimony HB477.pdf**

Uploaded by: Jakeya Johnson

Position: FAV

Esteemed Delegated of the House Appropriations Committee,

My name is Jakeya Johnson, I am a graduate student at Bowie State University studying public administration and policy, and I urge you to vote in favor of HB377. During my first semester in my masters program, I was assigned a project where we were to identify a public issue and propose a solution based on our research. I decided to examine the issue of reproductive healthcare on college campuses. The CDC reports that 1 in 3 college students did not use a condom in their last sexual encounter. A survey done by the Academy of Communication in Healthcare reports that 38% of college dropouts cite unintended pregnancy as the reason. With these and many other documented risks associated with teen and young adult sexual behaviors, I was surprised to learn how difficult accessing reproductive health services can be for some students. One university referred students to an off campus health center for sexual health services. The health center had operating hours of 8:15am-4:30pm Monday through Friday, and getting there without a personal vehicle would mean an hour and 40 minutes of public transportation. I attempted to call the health center multiple times a day for several days to see if students would need an appointment, but never got a person on the phone. Many other universities had limited sexual health services, and required either an appointment or counseling just for access to simple over the counter contraceptive options. I met the health center director of one university with the most limited on campus resources and was told that they offer so few sexual health services because students don't use them. This prompted me to survey the students on that campus. Of the students surveyed, 84.3% said that 24/7 access to emergency contraception would be beneficial, while 96% agreed that the university should provide easily accessible information on sexual health and contraception methods. When asked what barriers hinder access to reproductive healthcare, students agreed that cost, transportation, limited health center hours, and a general lack of knowledge were among the most prevalent.

This research has led me to conclude that access to contraception, abortion, health education and other preventive reproductive health services is vital to a successful college experience. HB477 will ensure that college students are equipped with the resources necessary to not only take care of their reproductive health needs, but also achieve personal, educational, and professional goals.

Thank you,

Jakeya Johnson

## **Support HB 477**

Uploaded by: Janice Bird, MD

Position: FAV





## **Unitarian Universalist Legislative Ministry of Maryland**

### **Testimony in Support of HB 477, Public Senior Higher Education Institutions - Reproductive Health Services Plans - Requirements**

TO: Delegate Ben Barnes, Chair and Members of the House Appropriations Committee

FROM: Janice Bird, MD Unitarian Universalist Legislative Ministry of Maryland  
Lead Advocate for Reproductive Health Care Rights

DATE: February 14, 2023

The members of the Unitarian Universalist Legislative Ministry of Maryland ask for your support of HB 477, the Public Senior Higher Education Institutions - Reproductive Health Services Plans - Requirements

Our Unitarian Universalist faith affirms that all of our bodies are sacred, and that we are each endowed with the twin gifts of agency and conscience. Each of us should have the power to decide what does—and doesn't—happen to our bodies at every moment of our lives because consent and bodily autonomy are holy.

This bill will create the process for each public senior higher education institution, in consultation with students, to develop and implement a reproductive health services plan to provide at the institution or to refer students to a comprehensive range of reproductive health services. The bill requires that the Maryland Department of Health, on request, provide assistance to a public senior higher education institution in developing the plan. Access to—and financial payment for—these reproductive health services reduces disparities in resources that may make it difficult for certain groups of people to exercise autonomy over their own bodies.

Please vote YES for HB 477!

Sincerely,  
Janice Bird, MD  
UULM-MD Lead Advocate for Reproductive Health Care Rights

# **HTPP HB 477 Testimony- FAV.pdf**

Uploaded by: Jessica Emerson

Position: FAV

## Testimony of the Human Trafficking Prevention Project

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<b>BILL NO:</b>	House Bill 477
<b>TITLE:</b>	Public Senior Higher Education Institutions – Reproductive Health Services Plans - Requirements
<b>COMMITTEE:</b>	Appropriations
<b>HEARING DATE:</b>	February 14, 2023
<b>POSITION:</b>	<b>FAVORABLE</b>

House Bill 477 would require public institutions of higher education to develop policies that guarantee students access to emergency contraceptives and medicated abortions. The Human Trafficking Prevention Project at the University of Baltimore School of Law supports this bill because it will improve access to a full range of sexual health services on campuses, allowing students to maintain bodily autonomy while also eliminating burdens associated with reproductive health care and educational success. For students who engage in high-risk sexual activity and/or experience sexual violence, such as those students engaging in sex work or who have been trafficked, House Bill 477 is crucial to aid in both their academic success *and* their healing.

According to the National Library of Medicine, 61% of women who have children while enrolled in college drop out before earning a degree. The US Centers for Disease Control reports that college aged people (between 15-24 years old) account for nearly half of all STIs in the country. For those students, seeing a provider, accessing trusted information, and finding the right birth control could mean missed classes, time off from work, hours on public transportation and an egregious medical bill. Limited access to contraception, safe abortions, and other reproductive healthcare services is not only detrimental to educational success, but also promotes systemic inequality since the people who are most at risk for dropping out of college —low-income Americans and racial minorities—are also the ones who are most likely to unexpectedly become pregnant at an early age. These ethnic and socioeconomic disparities will only be exasperated if we don't take immediate action.

The need for more accessible reproductive services is even more dire for victims of human trafficking, given that high-risk sexual activity and sexual violence is such a common part of their victimization. Unsurprisingly, the majority of sex trafficking survivors experience pregnancy, miscarriage, and abortion either during or after their trafficking.<sup>1</sup> For students who trade sex by choice or out of circumstance, access to comprehensive sexual and reproductive healthcare is sorely lacking due to the discrimination, stigma, and criminalization that these individuals routinely face.<sup>2</sup> A full range of reproductive health services available at public institutions of higher education would allow these students to continue their education, in turn allowing them to take essential steps towards financial independence and self-fulfillment.

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<sup>1</sup> See generally, *Freedom Network USA, Human Trafficking Survivors and Reproductive Rights* (Apr. 2015), <https://freedomnetworkusa.org/app/uploads/2016/12/HT-and-Reproductive-Rights.pdf>; Laura J. Lederer & Christopher A. Wetzel, *The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities* 79 (2014), <https://www.icmec.org/wp-content/uploads/2015/10/Health-Consequences-of-Sex-Trafficking-and-Implications-for-Identifying-Victims-Lederer.pdf>.

<sup>2</sup> See generally Azade Zenouzi, et. al., *Reproductive Health Concerns of Women with High Risk Sexual Behaviors* (2021), <https://journals.sagepub.com/doi/epub/10.1177/23779608211017779>.

It is imperative that Maryland's public colleges and universities take a vested interest in helping their students stay in school, graduate, and build a lifetime of opportunity. In order to do so, Maryland must ensure that *all* students have access to a full range of sexual health services as a strategic investment in their collegiate success. For students who trade sex, regardless of their reason for doing so, improved access to these services would help support them as they further their education and improve the range of choices which lie ahead. For these reasons, the Human Trafficking Prevention Project at the University of Baltimore School of Law supports House Bill 477, and we respectfully urge a favorable report.

# **MLAW Testimony - HB477 - Public Senior Higher Educ**

Uploaded by: Jessica Morgan

Position: FAV



Bill No: HB477  
Title: Public Senior Higher Education Institutions - Reproductive Health Services Plans - Requirements  
Committee: Appropriations  
Hearing: February 14, 2023  
Position: SUPPORT

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The Maryland Legislative Agenda for Women (MLAW) is a statewide coalition of women's groups and individuals formed to provide a non-partisan, independent voice for Maryland women and families. MLAW's purpose is to advocate for legislation affecting women and families. To accomplish this goal, MLAW creates an annual legislative agenda with issues voted on by MLAW members and endorsed by organizations and individuals from all over Maryland. **HB477 - Public Senior Higher Education Institutions - Reproductive Health Services Plans - Requirements** is a priority on the [2023 MLAW Agenda](#) and we urge your support.

**HB477** requires public institutions of higher education to develop policies that guarantee students access to emergency contraception and medicated abortion.

Many college campuses have little to no access to essential reproductive healthcare resources. In cases of sexual assault, unprotected or coerced sex, and failed birth control, on campus access to emergency contraception (EC) and medicated abortion is an important way for students to maintain bodily autonomy and prevent unwanted pregnancy in a timely and private manner. Access off campus presents barriers such as limited health center pharmacy hours, transportation challenges, high pharmacy costs, pharmacies not stocking EC on the shelf, enforcing outdated age restrictions, or refusing to sell EC outright.

Under this bill, public 4-year colleges and universities will be required to provide 24-hour access to over-the-counter contraception on campus through student health centers, retail outlets on campus, and/or vending machines, provide **or** refer for a full range of reproductive health services, and prepare and submit an annual reproductive health access plan, in consultation with students, to the Maryland Higher Education Commission.

Further, statistically women of color have lesser access to healthcare resources and are more likely to not finish college due to unplanned pregnancy. Providing reproductive healthcare resources to these women is an incredibly important step in addressing the multifaceted injustices in both poverty and healthcare.

**For these reasons, MLAW strongly urges the passage of HB477.**

## MLAW 2023 Supporting Organizations

The following organizations have signed on in support of our 2023 Legislative Agenda\*:

AAUW Anne Arundel County  
AAUW Howard County  
AAUW Maryland  
Advocacy and Training Center  
Allegany County Women's Action Coalition  
Anne Arundel County NOW  
Aspire Ascend  
Baltimore County State Democratic Central Committee  
Bound for Better  
Business and Professional Women of Maryland  
Charles County Commission for Women  
Climate Xchange Maryland  
Drake Institute of Women's Policy  
Empowered Women in Business International  
ERA Coalition  
For All Seasons, Inc.  
Kensington-Rockville AAUW  
Maryland Coalition Against Sexual Assault (MCASA)  
Maryland Commission for Women  
Maryland NOW  
Maryland WISE Women  
Miller Partnership Consultants LLC  
MoCoWoMen  
Montgomery County Business & Professional Women (MC BPW)  
Montgomery County Chapter, National Organization for Women  
Montgomery County Commission for Women  
Montgomery County Women's Democratic Club  
National Coalition of 100 Black Women, Prince George's County Chapter  
National Women of Achievement, Inc.  
Planned Parenthood of Maryland  
Planned Parenthood of Metropolitan Washington, DC  
Reproductive Justice Inside  
Southern Prince George's Business and Professional Women  
Top Ladies of Distinction, Inc., Prince George's County Chapter  
University of Baltimore School of Law If/When/How Chapter  
Women's Democratic League of Frederick County  
Women's Equity Center and Action Network (WE CAN)  
Women's Law Center of Maryland  
Zonta Club of Annapolis  
Zonta Club of Mid-Maryland

*\*as of 2/3/2023*

### **Maryland Legislative Agenda for Women**

**305 W. Chesapeake Avenue, Suite 201 • Towson, MD 21204 • 443-519-1005 phone/fax  
[mdlegagenda4women@yahoo.com](mailto:mdlegagenda4women@yahoo.com) • [www.mdlegagendaforwomen.org](http://www.mdlegagendaforwomen.org)**

# **WDc 2023 Testimny HB0477\_Final.pdf**

Uploaded by: JoAnne Koravos

Position: FAV





MONTGOMERY COUNTY, MARYLAND  
WOMEN'S DEMOCRATIC CLUB

P.O. Box 34047, Bethesda, MD 20827

[www.womensdemocraticclub.org](http://www.womensdemocraticclub.org)

**House Bill 477 - Public Senior Higher Education Institutions - Reproductive Health  
Services Plans – Requirements  
Appropriations Committee – February 14, 2023  
SUPPORT**

Thank you for this opportunity to submit written testimony concerning an important priority of the **Montgomery County Women's Democratic Club (WDC)** for the 2023 legislative session. WDC is one of the largest and most active Democratic clubs in our county with hundreds of politically active members, including many elected officials.

**WDC urges the passage of HB0477.** This bill requires each public senior higher education institution, in consultation with students, to develop and implement a comprehensive reproductive health services plan on or before August 1, 2024. This plan must cover 24-hour access to all FDA approved contraception, including emergency contraception; prevention and treatment of sexually transmitted infections; HIV prevention; and abortion care services. These services can be provided through the student health center, on-campus retail establishments, vending machines, or by referral to a network of off-campus providers in reasonable proximity, in which case the plan must address transportation access.

The recent U.S. Supreme Court Dobbs decision that overturned Roe v. Wade, which had guaranteed women's reproductive care rights for fifty years, makes it imperative that the state take action to protect these rights for all women. Sexually active young women are particularly vulnerable. Many college campuses have little to no access to essential reproductive healthcare resources. Young women are leading a nation-wide movement to address this need. No woman should be forced to give birth because services are unavailable – or too expensive. This bill provides for accessible, comprehensive, reproductive healthcare services, but does not address affordability. Lack of affordability can be a barrier to timely and comprehensive reproductive care.

**We ask for your support for HB0477 and strongly urge a favorable Committee report. However, we also ask the Committee to consider amending this bill to require each institution to address the issue of affordability in their plan.**

Diana E. Conway  
WDC President

Ginger Macomber  
WDC Advocacy Committee

# **HB 477 - MSFC + GOIG .pdf**

Uploaded by: Joyce Cheng

Position: FAV

**Committees:** Appropriations & Health and Government Operations

**Testimony on:** HB0477/SB0341 - Public Senior Higher Education Institutions - Reproductive Health Services Plans - Requirements

**Position:** Favorable

**Hearing Date:** February 14, 2023

**We strongly support HB0477/SB0341**, which would require public senior higher education institutions, in consultation with students, to develop and implement a reproductive health services plan at the institution or to refer students to comprehensive reproductive health services. Furthermore, this legislation would require the Maryland Department of Health to provide assistance to these institutions in developing the plan, if requested, as defined in the [text of the bill](#). As medical student leaders of the Johns Hopkins School of Medicine Gynecology/Obstetrics Interest Group and Medical Students for Choice, we firmly support the accessibility and provision of reproductive health services, as they have been shown to benefit individual health, public health, and societal well-being.

Overall, provision of preventive reproductive health care, such as contraception and STI screenings, in addition to abortion care, will allow for Maryland individuals to manage and take charge of their health early in life. It is crucial to ensure adequate provision of reproductive health services to adolescents and young adults. This population is disproportionately affected by STIs; 50% of new infections occur among those 15-24 years old (1). Young adults are also more likely to engage in risky behaviors including binge drinking, multiple sexual partners, unprotected sex, and unintended pregnancy. More than half of all patients who seek abortions in the US are in their 20s (2). Thus, readily available STI screening and contraception services are particularly important for this susceptible population. Through improving access, educational institutions can set reproductive health as a priority for young adults and establish a precedent for the rest of their lives.

**The current state of Maryland reproductive health at higher education institutions:**

Current offering of reproductive health services at Maryland public higher education institutions is not standardized, leading to inequitable access to care. Additionally, the rise of STI transmission rates, unintended teen pregnancy, and high-risk sexual behavior in Maryland college students indicate the need for greater access to quality reproductive and sexual health care and education (3). For example, the University of Maryland's zip code has the state's highest rate of contracted chlamydia (4).

Five of Maryland's public higher education institutions currently do not even have their own independent reproductive health center (5). Four out of these five also do not have a Planned Parenthood center less than 50 miles from their campus (6).

Furthermore, various anti-choice crisis pregnancy centers exist in close proximity to these institutions and deliberately provide students with misinformation (7). Implementation of a partnership with the Maryland Department of Health to create reproductive health plans will help address this issue of reproductive justice.

### **Benefits of increased reproductive health services:**

The development and implementation of a reproductive health services plan at senior higher education institutions benefits both individual students and Maryland's communities as a whole.

For individual students, the medical benefits of a reproductive health services plan are numerous and indisputable. The provision of contraception methods facilitates prevention of unintended pregnancies, which have serious consequences for the pregnant person. Lack of access to contraception may also force many individuals who do not desire pregnancy to make the difficult decision of whether to undergo abortion, relinquish the child to adoption, or raise their child in suboptimal conditions, if they get pregnant. Individuals with unintended pregnancies are also more likely to experience malnutrition, lack of healthcare, disruption to education and career, and poverty (8).

Furthermore, abortion care services are critical for reducing unsafe abortion practices with high risks of morbidity and mortality for both the pregnant person and the fetus. Abortion also mitigates further emotional and socioeconomic challenges of child-rearing without sufficient financial, physical, and emotional support (9). Data show that women in their 20s account for the highest percentages of abortions and have the highest abortion rates in the US (10). Given that the demographics of senior higher education institutions include a significant number of women in this age group, provision of abortion care service at these institutions will have profound impact on students' health.

STIs also lead to many medical consequences for the infected individual, some of which are serious and long term, ranging from inflammation of the reproductive and urinary tracts to increased risk of cancers. These conditions commonly affect young adults, and several minority communities, such as men who have sex with men, are particularly vulnerable. Thus, the provision of prevention and treatment services for sexually transmitted infections at senior higher education institutions have the potential of significantly improving long-term reproductive health for many individuals, including those who might be hesitant to obtain healthcare at medical establishments due to stigma.

The provision of these services at higher education institutions may help increase accessibility for those who may not have the ability to seek out health services otherwise, due to financial or time-related constraints. Preventative care also results in cost savings to the larger health care system. In terms of societal benefit, preventing unintended pregnancies lessens the burden on the

foster care system and promotes educational achievement, as unplanned pregnancies often lead to dropping out of school. Having reproductive health services close at hand allows students to overcome barriers related to their race/ethnicity, sexual orientation, religion, and socioeconomic status, promoting reproductive justice.

**The role of higher education in promoting reproductive health:**

Higher education has the unique opportunity to improve reproductive health for young adults. A study of barriers to reproductive services among youth and young adults found that challenges included service access, service entry, quality of services, and social ramifications (11). It found that school-based settings and university clinics, along with primary care settings, were the locations at which young people were most likely to seek care for reproductive health issues (12). Therefore, increasing the available services through higher education institutions, in partnership with students, will better allow for their needs to be served. Schools are well-positioned to provide students with health care and education, which will help alleviate barriers to care and stigma around sexual health, by normalizing this topic and making services easily accessible.

A survey of 885 colleges in the US found that 73% offered STI diagnosis and treatment and contraceptive services, and 66.8% offered condoms (13). A third of these institutions did not receive support from their health department in terms of STI/HIV screening and testing, but over three quarters of institutions were interested in partnering with community health centers or federally qualified health centers (14).

HB0477/SB0341 would facilitate partnerships between Maryland's educational institutions and health department, allowing for sharing of resources and expertise, which would improve services such as preventative health, STI treatment, partner therapy, vaccinations, contraception availability, abortion services and community referrals. In 2019, California was the first state to require public universities to provide access to abortion pills on campus, through legislation that will take effect this year (15). Prior to this, students were referred to off-campus facilities, which was expensive and time-consuming, especially for those without cars. Legislation that ensures access to contraception and abortion care enables individuals to better implement their reproductive rights and autonomy.

**Conclusion:**

As members of the healthcare community, we strongly support and urge favorable action on HB0477/SB0341 which aims to improve the reproductive health of young adults through providing reproductive health services at higher education institutions in Maryland. This bill would protect the health and well-being of individuals, their community, and our society.

Respectfully submitted,

Gynecology and Obstetrics Interest Group  
Medical Students for Choice  
The Johns Hopkins University School of Medicine

Vennela Avula, 2nd Year Medical Student, [vavula1@jhmi.edu](mailto:vavula1@jhmi.edu)  
Joyce Cheng, 2nd Year Medical Student, [jcheng63@jhmi.edu](mailto:jcheng63@jhmi.edu)  
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## References

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# **ASEC testimony in support of MD HB 477.pdf**

Uploaded by: Kelly Cleland

Position: FAV



## **American Society for Emergency Contraception: Written testimony for Maryland HB477**

The American Society for Emergency Contraception (ASEC) strongly supports Maryland HB477. ASEC envisions a world in which everyone, everywhere has access to affordable emergency contraception. Emergency contraception (EC) provides a last chance to prevent pregnancy after unprotected sex or sexual assault. EC works by preventing ovulation, so it is more likely to work the sooner it is taken. Barriers to access can increase pregnancy risk.

There are many obstacles to accessing EC in pharmacies. Not all pharmacies sell EC, and those that do often keep it behind the pharmacy counter, forcing an interaction with staff that may be unwelcome during a time of stress. 25% of stores impose outdated age restrictions that the FDA removed a decade ago. The cost, \$35-\$50, is out of reach for many. For college students, these barriers are often compounded by lack of transportation to get to a pharmacy and intimidation when forced to discuss their EC purchase with pharmacy staff. Price can be an even greater barrier for college students, who are often living with very limited budgets.

Emergency contraception should be accessible and affordable (under \$10) on every college campus. Many colleges and universities provide EC at student health centers, but hours are often limited to 9-5 during the week. Unprotected sex often occurs on nights and weekends, not during business hours, and students may be anxious to get EC as soon as possible. Delays in getting EC can mean the difference between becoming pregnant and preventing pregnancy. Providing EC in vending machines and other campus venues with 24/7 access promotes privacy and convenience for students and increases the chance that EC will be effective.

ASEC works closely with college students and staff around the country to improve campus access to EC through our Emergency Contraception for Every Campus project. We are keenly aware of the urgent need for EC on college campuses and the strategies that are most effective for ensuring access. Providing affordable EC through vending machines and other outlets with 24/7 access minimizes barriers and supports students in preventing pregnancy and pursuing their future goals.

Kelly Cleland, MPH MPA  
Executive Director  
American Society for Emergency Contraception



## **Abortion - and Repro Health - Colleges - testimony**

Uploaded by: Lisae C Jordan

Position: FAV



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## Working to end sexual violence in Maryland

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Phone: 301-565-2277  
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For more information contact:  
Lisae C. Jordan, Esquire  
443-995-5544  
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### **Testimony Supporting House Bill 477** **Lisae C. Jordan, Executive Director & Counsel** February 14, 2023

The Maryland Coalition Against Sexual Assault (MCASA) is a non-profit membership organization that includes the State's seventeen rape crisis centers, law enforcement, mental health and health care providers, attorneys, educators, survivors of sexual violence and other concerned individuals. MCASA includes the Sexual Assault Legal Institute (SALI), a statewide legal services provider for survivors of sexual assault. MCASA represents the unified voice and combined energy of all of its members working to eliminate sexual violence. MCASA urges the Appropriations Committee to issue a favorable report on House Bill 477.

#### **House Bill 477 – Reproductive Health Services – Higher Education Students**

This bill requires higher education institutions to develop and implement a reproductive health services plan to ensure students have access to a comprehensive range of reproductive health services, including abortion care. The institution would be required to consult with students to develop this plan.

#### **1 in 5 women and 1 in 16 men are sexually assaulted during college.<sup>1</sup>**

#### **Access to abortion care and reproductive health services are vital to survivors of rape.**

The CDC reports that almost 3 million women in the U.S. experienced Rape-Related Pregnancy (RRP) during their lifetime. <https://www.cdc.gov/violenceprevention/sexualviolence/understanding-RRP-inUS.html>

A three year longitudinal study of rape-related pregnancy in the U.S., published in the American Journal of Obstetrics and Gynecology (1996, vol. 175, pp. 320-325), found:

5% of rape victims of reproductive age (age 12-45) became pregnant as a result of rape, with the majority of pregnancies in adolescents. Of these, half terminated the pregnancy, 5.9% placed the child for adoption, and 32.2% kept the child.

Reproductive health services, including abortion care, are important for students for many reasons, including to support students who have been sexually assaulted.

### **The Maryland Coalition Against Sexual Assault urges the Appropriations Committee to report favorably on House Bill 477**

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<sup>1</sup> MARYLAND OFFICE OF THE ATTORNEY GENERAL, DOING MORE: REDUCING SEXUAL MISCONDUCT AT MARYLAND'S COLLEGES AND UNIVERSITIES, MARYLAND ATTORNEY GENERAL'S OFFICE REPORT, 3 (2014).

## **Sign on letter of support HB477.pdf**

Uploaded by: Maryland NOW

Position: FAV



Dear members of the Maryland House of Delegates Appropriations Committee, on behalf of the undersigned organizations, we urge you to support House Bill 477: Public Senior Higher Education Institutions - Reproductive Health Services Plans - Requirements.

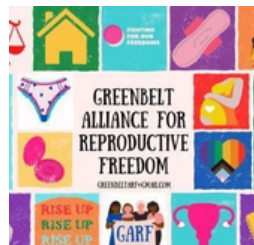
According to the National Library of Medicine, 61% of women who have children while enrolled in college drop out before earning a degree. The US Centers for Disease Control reports that college aged people (between 15-24 years old) account for nearly half of all STIs in the country. Despite the documented negative health and academic outcomes associated with sexual health concerns, the remarkable efforts of elected leadership, and the indefatigable advocacy of organizations across the state, most post-secondary institutions still do not prioritize preventive measures related to reproductive health and wellness. As a result, many students across Maryland lack reasonable access to a health center offering the full range of reproductive health services, STI treatment and HIV prevention.

For those folks, seeing a provider, accessing trusted information, and finding the right birth control could mean missed classes, time off from work, hours on public transportation and an egregious medical bill. Limited access to contraception, safe abortions, and other reproductive healthcare services is not only detrimental to educational success, but also promotes systemic inequality since the people who are most at risk for dropping out of college—low-income Americans and racial minorities—are also the ones who are most likely to unexpectedly become pregnant at an early age. These ethnic and socioeconomic disparities will only be exasperated if we don't take immediate action.

It is imperative that Maryland public colleges and universities take a vested interest in helping their students stay in school, graduate, and build a lifetime of opportunity by ensuring that all students have access to a full range of sexual health services as a strategic investment in their collegiate success. HB477 will ensure that policies are put in place to make that a reality.

Signed,

Marylanders for Reproductive Choice



# **HB 477 - WLCMD - FAV.pdf**

Uploaded by: Michelle Siri

Position: FAV

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BILL NO.: House Bill 477  
TITLE: Public Senior Higher Education Institutions - Reproductive Health Services Plans - Requirements  
COMMITTEE: Health & Government Operations  
DATE: February 14, 2023  
POSITION: **SUPPORT**

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Many college campuses have little to no access to essential reproductive healthcare resources. In cases of sexual assault, unprotected or coerced sex, and failed birth control, on campus access to emergency contraception and medicated abortion is an important way for students to maintain bodily autonomy and prevent unwanted pregnancy in a timely and private manner. Access off campus presents barriers such as limited health center pharmacy hours, transportation challenges, high pharmacy costs, pharmacies not stocking EC on the shelf, enforcing outdated age restrictions, or refusing to sell EC outright. For many students, seeing a provider, accessing trusted information, and finding the right birth control could mean missed classes, time off from work, hours on public transportation and an onerous medical bill.

Limited access to contraception, safe abortions, and other reproductive healthcare services is not only detrimental to educational success, but also promotes systemic inequality since the people who are most at risk for dropping out of college—low-income Americans and racial minorities—are also the ones who are most likely to unexpectedly become pregnant at an early age.

HB477 will require that public 4-year colleges and universities provide 24-hour access to over-the-counter contraception on campus through student health centers, retail outlets on campus, and/or vending machines, provide or refer for a full range of reproductive health services, and prepare and submit an annual reproductive health access plan, in consultation with students, to the Maryland Higher Education Commission. The WLC understands that there are friendly amendments proposed by the sponsor to accommodate the needs of certain universities, including virtual campuses, and supports those amendments.

Because access to a full spectrum of reproductive health is essential for the health, well-being, and success of college students, the WLC urges a favorable report on HB477.

*The Women's Law Center of Maryland is a private, non-profit, legal services organization that serves as a leading voice for justice and fairness for women. It advocates for the rights of women through legal assistance to individuals and strategic initiatives to achieve systemic change, working to ensure physical safety, economic security, and bodily autonomy for women in Maryland.*

# **HB0477-APP-FAV.pdf**

Uploaded by: Nina Themelis

Position: FAV





BRANDON M. SCOTT  
MAYOR

*Office of Government Relations  
88 State Circle  
Annapolis, Maryland 21401*

**HB477**

February 14, 2023

**TO:** Appropriations Committee

**FROM:** Nina Themelis, Interim Director of Mayor's Office of Government Relations

**RE:** House Bill 477 – Public Senior Higher Education Institutions – Reproductive Health Services Plans – Requirements

**POSITION: Support**

Chair Barnes, Vice Chair Chang, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** House Bill (HB) 477.

This bill would require public senior higher education institutions to collaborate with students on developing and implementing reproductive health services plans with optional assistance from the Maryland Department of Health. Students enter senior higher institutions of learning from various backgrounds – some straight from high school – who have a high need for reproductive health services. Many of these students have low levels of sexual and reproductive health knowledge and will need access to comprehensive reproductive health services. Access to these services can affect students' ability to persist in and successfully compete in educational programs.

There has always been a discrepancy between young people's desire to avoid pregnancy and their knowledge and ability to successfully do so. Having reproductive health services available creates an opportunity to fill gaps in services and education. This bill presents a unique opportunity for students to not only share information about reproductive health services, but also to set the tone on their campuses, in their classrooms, and amongst their peers that reproductive health is an essential component of student success.

Without access to testing and treatment, college students are at risk for several adverse sexual and reproductive health outcomes. Research suggests that college students may also be considerably more likely to experience sexual assault and intimate partner violence.<sup>1</sup> This fact increases the need for access to reproductive health services at institutions of senior higher education.

For these reasons, the BCA respectfully requests a **favorable** report on HB047.

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<sup>1</sup> Scull, T. M. (2019). *The Understudied Half of Undergraduates: Risky Sexual Behaviors among Community College Students*. Journal of American College Health.

# **HB0477\_FAV\_MDACOG\_Pub. Senior High Ed. Ins. - Repr**

Uploaded by: Pam Kasemeyer

Position: FAV



## Maryland Section

TO: The Honorable Ben Barnes, Chair  
Members, House Appropriations Committee  
The Honorable Ariana B. Kelly

FROM: Pamela Metz Kasemeyer  
J. Steven Wise  
Danna L. Kauffman  
Christine K. Krone  
410-244-7000

DATE: February 14, 2023

RE: **SUPPORT** – House Bill 477 – *Public Senior Higher Education Institutions – Reproductive Health Services Plans – Requirements*

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The American College of Obstetricians and Gynecologists, Maryland Section (MDACOG), which represents the Maryland physicians who serve the obstetrical and gynecological needs of Maryland women and their families, **supports** House Bill 477.

House bill 477 requires each public senior higher education institution, in consultation with students, to develop and implement a reproductive health services plan to provide at the institution or to refer students to a comprehensive range of reproductive health services. The services must include access to contraception, sexually transmitted infection prevention and treatment, and abortion services.

MDACOG strongly supports ensuring that all Marylanders have access to the full range of reproductive and sexual health services, which play a critical role in reducing health and economic disparities. The bill will provide important protections to college students who deserve the education and resources to access and address their reproductive health. It will also help reduce the stigma often associated with sexual and reproductive health services, thereby assisting in assuring improved health outcomes and enhancing the students' ability to pursue and succeed in their academic pursuits.

All Marylanders should have access to safe and comprehensive reproductive health services. College students' knowledge of and ability to access such services can often be challenging. Passage of House Bill 477 will significantly help reduce those challenges. A favorable report is requested.

# **2023 ACNM HB 477 House Side FAV.pdf**

Uploaded by: Robyn Elliott

Position: FAV



**Committee:** House Appropriations Committee

**Bill Number:** HB 477

**Title:** Public Senior Higher Education Institutions - Reproductive Health Services Plans - Requirements

**Hearing Date:** February 14, 2023

**Position:** Support

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The Maryland Affiliate of the American College of Nurse Midwives (ACNM) supports *House Bill 477 - Public Senior Higher Education Institutions - Reproductive Health Services Plans - Requirements*. The bill will require each public senior higher education institution, in consultation with students, to develop and implement a reproductive health services plan to provide at the institution or to refer students to a comprehensive range of reproductive health services. The services must include access to contraception, sexually transmitted infection prevention and treatment, and abortion care services.

ACNM is committed to supporting policy solutions that ensure all people have access to a full range of preventive, reproductive, and sexual health services. Access to comprehensive reproductive and sexual health plays a vital role in reducing health and economic disparities. The world's major health and human rights organizations affirm that when individuals have full autonomy over their reproductive health, it elevates level of education and economic growth for themselves and their families, benefitting entire communities. This bill provides important protections to young Marylanders who deserve the education and resources to make their own decisions about their reproductive health.

We ask for a favorable report on this legislation. If we can provide any further information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net) or (443) 926-3443.

# **2023 PPM HB 477 House Side FAV.pdf**

Uploaded by: Robyn Elliott

Position: FAV

**Committee:** Appropriations Committee

**Bill Number:** House Bill 477 - Public Senior Higher Education Institutions - Reproductive Health Services Plans – Requirements

**Hearing:** February 14, 2023

**Position:** Support

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Planned Parenthood of Maryland (PPM) supports *House Bill 477 – Public Senior Higher Education Institutions - Reproductive Health Services Plans - Requirements*. This bill requires each public senior higher education institution, in consultation with students, to develop and implement a reproductive health services plan to provide at the institution or to refer students to a comprehensive range of reproductive health services. The services must include access to contraception, sexually transmitted infection prevention and treatment, and abortion care services.

This bill will improve access to reproductive health care for thousands of Maryland students, many of whom do not have their own cars or access to reliable transportation. Universities will be responsible for either providing or referring for reproductive health services. Each university must have a plan that includes wrap-around services such as transportation for off-campus services. Also, each university must provide 24/7 access to over-the-counter contraception, and may use a wide range of options, including vending machines, to meet this requirement.

Every person should have access to safe and comprehensive reproductive health services. We ask for a favorable report on this legislation. If we can provide any additional information, please contact Robyn Elliott at [relliott@poliypartners.net](mailto:relliott@poliypartners.net).

# **HB477\_USM\_FWA.pdf**

Uploaded by: Andy Clark

Position: FWA





## HOUSE APPROPRIATIONS COMMITTEE

### House Bill 477

### Public Senior Higher Education Institutions - Reproductive Health Services Plans - Requirements

February 14, 2023

### Favorable with Amendment

Chair Barnes, Vice Chair Chang and members of the committee, thank you for the opportunity to share our thoughts regarding House Bill 477. The bill requires University System of Maryland (USM) institutions to develop and implement comprehensive reproductive health services plans including referrals to off-campus health providers.

Reproductive health care is an issue that uniquely impacts college students. An unwanted or unplanned pregnancy can prevent people of both sexes from finishing school, leaving students with loan debt, no degree, and fewer pathways to career and salary advancement. Research shows many factors can prevent female college students from accessing reproductive health services, including fear of social stigmas or judgment, a lack of transportation, cost, or misinformation and distrust. The main factor preventing male college students from accessing reproductive health care, however, is a lack of knowledge about what services are available or how to access them.

The Supreme Court's Dobbs decision highlighted the importance of access to reproductive health care, including emergency contraceptives, birth control, and accurate information on preventing STDs and unwanted pregnancy for college students. It is very challenging for students to access Plan B, for example, or other forms of emergency contraception, as most college campus health centers are not stocked with it. Even the few on-campus health centers that do have emergency contraceptives have limited hours and are usually closed on weekends and holidays.

So what does a student in need of emergency contraception do to obtain it? They can try to travel off-campus to obtain it within the 24-hour time frame in which it is most effective. Unfortunately, as with many issues of accessibility, this argument overlooks and marginalizes students who might not have the financial resources to afford Plan B, don't have access to transportation to nearby pharmacies, or can't take time off from work or school to travel to these pharmacies.

The USM agrees with the intent of House Bill 477. The ability of students to access accurate information, and procure reproductive health services swiftly, is an important part of any plan. It is also important to recognize the challenge of building the capacity to recruit, train, and/or contract with community providers, as needed, to provide reproductive health services.

The USM looks forward to working with the sponsor to better focus the scope of the legislation where it can make the biggest impact. By concentrating this effort around **residential USM institutions with on-campus health facility centers**, officials can better track the readiness and efficacy of a reproductive health service plan. Additionally, updating a reproductive health

services plan annually is more work than necessary. The legislative interest and medical advancements in reproductive healthcare are ever changing and an annual reminder is unnecessary.

The main interest is to work collaboratively with the Maryland Department of Health (MDH) and student leaders to adopt protocols, share best practices, troubleshoot implementation issues, and review standards of care being received by providers.

Thank you for allowing us to share our thoughts regarding House Bill 477.

House Bill 477  
(First Reading File Bill)

Amendment No. 1

On page 1, in line 4, strike “each” and substitute “CERTAIN”, and in line 5, strike “institution” and substitute “INSTITUTIONS”.

Amendment No. 2

On page 1, in line 19, after “(A)” insert “(1)”; and after line 20, insert:

“(2) “PUBLIC SENIOR HIGHER EDUCATION DOES NOT INCLUDE THE UNIVERSITY OF MARYLAND CENTER FOR ENVIRONMENTAL STUDIES AND THE UNIVERSITY OF MARYLAND GLOBAL CAMPUS.”; and

In line 21, after “(1)”, insert:

“(I) EXCEPT AS PROVIDED IN SUBPARAGRAPH (i) OF THIS PARAGRAPH, “; and on page 2, after line 2 insert:

“(II) EXCEPT FOR PROVIDING ACCESS TO OVER-THE-COUNTER CONTRACEPTION THROUGH A RETAIL ESTABLISHMENT ON CAMPUS OR A VENDING MACHINE, THE PROVISIONS OF THIS SECTION DO NOT APPLY TO THE UNIVERSITY OF BALTIMORE.”.



### **About the University System of Maryland**

The University System of Maryland (USM)—one system made up of twelve institutions, three regional centers, and a central office—awards eight out of every ten bachelor’s degrees in the State of Maryland. The USM is governed by a Board of Regents, comprised of twenty-one members from diverse professional and personal backgrounds. The chancellor, Dr. Jay Perman, oversees and manages the operations of USM. However, each constituent institution is run by its own president who has authority over that university. Each of USM’s 12 institutions has a distinct and unique approach to the mission of educating students and promoting the economic, intellectual, and cultural growth of its surrounding community. These institutions are located throughout the state, from western Maryland to the Eastern Shore, with the flagship campus in the Washington suburbs. The USM includes Historically Black Colleges and Universities, comprehensive institutions, research universities, and the country’s largest public online institution.

USM Office of Government Relations - Patrick Hogan: [phogan@usmd.edu](mailto:phogan@usmd.edu)

# **Maryland Catholic Conference\_UNFAV\_HB477.pdf**

Uploaded by: Brian Barnwell

Position: UNF



**February 14, 2023**

**House Bill 477**

**Public Senior Higher Education Institutions – Reproductive Health Services Plans  
– Requirements**

**House Appropriations Committee**

**Position: Unfavorable**

The Catholic Conference is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

**House Bill 477** requires that on or before August 1, 2024, each public senior higher education institution, in consultation with students, shall develop and implement a reproductive health services plan to provide at the institution or to refer students to various reproductive health services. It calls for the Maryland Department of Health, on request, to provide assistance to a public senior higher education institution in developing a reproductive health services plan.

House Bill 477 specifically says it will develop and implement a reproductive health services plan to provide at public senior higher education institutions or will refer students to a comprehensive range of reproductive health services. Unfortunately, the bill does not explicitly provide any resources or referrals for students who decide to have and parent a child. In Maryland, 18 percent of all undergraduates, or 54,908 students, are parents and 25,955 college students are single mothers.<sup>1</sup> We must provide student mothers, and/or mothers to be, resources and referrals that allow them the choice to have and parent a child. Too often a student mother, and/or mother to be is forced to choose between her child and her dreams for educational attainment. We cannot let this be the case.

There is a great need to provide students with resources and referrals that reflect their choice to have a child and parent that child. Students deserve more options than abortion.

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<sup>1</sup> <https://iwpr.org/wp-content/uploads/2020/08/Maryland.pdf>

The Maryland Catholic Conference asks for an unfavorable report on HB 477.

Thank you for your consideration.

# **HB477-College Abortion\_20230210.pdf**

Uploaded by: Brian Griffiths

Position: UNF

# BRIAN GRIFFITHS

February 10, 2023

The Honorable Joseline A. Pena-Melnyk  
Chair, Ways and Means Committee  
Room 241  
House Office Building  
Annapolis, Maryland 21401

Dear Madam Chair and members of the Committee,

I write to you today in **opposition** of **House Bill 477** Public Senior Higher Education Institutions - Reproductive Health Services Plans - Requirements. The bill would force public colleges and universities to provide access to “reproductive care” for their students.

This bill is offensive for a number of reasons. For one thing, Colleges and Universities are designed to be institutions of higher learning. They are not designed to provide medical or social services to members of the college community. Creating taxpayer-funded “reproductive care” requirements for these institutions is a duplication of already existing services available on the market and a waste of taxpayer dollars.

I would, however, like to focus on Lines 13-15 on Page 2 of the draft copy. This section would require public colleges and universities to provide “24-HOUR ACCESS TO OVER-THE-COUNTER CONTRACEPTION THROUGH THE STUDENT HEALTH CENTER, RETAIL ESTABLISHMENTS ON CAMPUS, OR VENDING MACHINES”

Hormonal Contraception prevents a potential medical danger to any individual who ingests it. This is why Hormonal Contraception is only available on a prescription basis through consultation with their doctor. Hormonal Contraception can cause a number of adverse medical impacts on women, including certain cancers, cardiovascular disease, blood clots and depression. To make such pills available over the counter would be to create a public health danger that endangers women who be accessing these pills without the care of a medical doctor.

What’s more alarming is that 24-hour access to Hormonal Contraception via a vending machine. Having such a vending machine available would mean that the individual obtaining the Hormonal Contraception or potentially an abortifacient would not be verified as a member of the campus community nor would they be verified as an individual aged 18 years or older. This could make Maryland’s public colleges and universities a hub for consequence-free access to the community at large, particularly to minors, sex workers, and sexual traffickers looking for easy access to Hormonal Contraception or abortifacients.



# BRIAN GRIFFITHS

How exactly will Maryland benefit if sex traffickers have the ability to provide over-the-counter hormonal drugs to their victims without the fear of consequences?

How exactly will women benefit if they are able to take hormonal-based medicines without the advice of a medical professional?

This bill is problematic to its very core. However, this bill through the creation of over-the-counter access to Hormonal Contraception is a public safety risk to Maryland's women. I urge you all to **vote yes on House Bill 417**.

Respectfully.

A handwritten signature in brown ink, appearing to read "Brian Griffiths", with a long horizontal line extending to the right.

# **MD HB 477 Abortion Referral Testimony.pdf**

Uploaded by: Danielle Pimentel

Position: UNF



**Written Testimony of Danielle Pimentel, J.D.  
Policy Counsel, Americans United for Life  
In Opposition of House Bill No. 477  
Submitted to the House Appropriations Committee  
February 14, 2023**

Dear Chairman Barnes, Vice-Chair Chang, and Members of the Committee:

My Name is Danielle Pimentel, and I serve as Policy Counsel at Americans United for Life (“AUL”). Established in 1971, AUL is a national law and policy nonprofit organization with a specialization in abortion, end-of-life issues, and bioethics law. AUL publishes pro-life model legislation and policy guides on end-of-life issues,<sup>1</sup> tracks state bioethics legislation,<sup>2</sup> and regularly testifies on pro-life legislation in Congress and the states. Our vision at AUL is to strive for a world where everyone is welcomed in life and protected in law. As Policy Counsel, I specialize in life-related legislation, constitutional law, and abortion jurisprudence.

Thank you for the opportunity to provide written testimony against House Bill No. 477, “Public Senior Higher Education Institutions—Reproductive Health Services Plans—Requirements” (“HB 477” or “bill”). HB 477 requires public colleges to implement “reproductive health services plans” that either provide abortion care services on-campus or refer students to off-campus providers. I have thoroughly examined HB 477, and it is in my opinion that it places young women’s health and safety at risk, ignores Maryland taxpayer’s conscience rights by using taxpayer dollars to fund abortions, and lacks the necessary oversight. For these reasons, I urge the Committee to oppose HB 477.

**I. HB 477 Puts Young Women’s Health and Safety at Risk**

For years, the abortion industry has marketed abortion as essential healthcare, which could not be farther from the truth. Abortion is the intentional destruction of a unique human being. Not only does abortion destroy a preborn child, but it is also a devastating practice for women that harms both their physical and mental health.

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<sup>1</sup> *Pro-Life Model Legislation and Guides*, AMS. UNITED FOR LIFE, <https://aul.org/law-and-policy/> (last visited Feb. 10, 2022).

<sup>2</sup> *Defending Life: State Legislation Tracker*, AMS. UNITED FOR LIFE, <https://aul.org/law-and-policy/state-legislation-tracker/> (last visited Feb. 10, 2022).

a. *HB 477 Subjects Young Women to the Dangers of Chemical Abortion*

HB 477 requires public colleges to provide “abortion care services” on campus, or provide students with off-campus referrals, which will result in more young women undergoing harmful abortion procedures. Since it is undefined in the bill, “abortion care services” would likely include chemical abortion pills, which make up more than half of all abortions performed in the United States annually.<sup>3</sup> A chemical abortion (also known as a “medical abortion”) consists of a regimen of two drugs, mifepristone and misoprostol.<sup>4</sup> Chemical abortion can be extremely dangerous, if not deadly, to the women choosing to undergo it, which makes physician involvement necessary. For example, there are many side effects to the chemical abortion regimen, including nausea, weakness, fever and chills, vomiting, diarrhea, dizziness, bacterial infection, and fatal septic shock.<sup>5</sup> Additionally, mifepristone is contraindicated in the cases of confirmed or suspected ectopic pregnancy, hemorrhagic disorders, chronic adrenal failure, and when an intrauterine device (IUD) is in place.<sup>6</sup> A 2021 peer-reviewed study showed that chemical-abortion related emergency room visits (*i.e.*, visits medically coded as chemical abortion complications) per 1,000 abortions “went from 8.5 to 51.7, an increase of 507%” over thirteen years.<sup>7</sup> Another study found that women are four times more likely to experience medical complications from a chemical abortion than a surgical abortion.<sup>8</sup>

Notably, the risks of chemical abortion are even higher now that the U.S. Food and Drug Administration (FDA) unlawfully approved and deregulated chemical abortion drugs. Federal law prohibits the use of the United States Postal Service and private carriers from mailing abortion-inducing drugs.<sup>9</sup> Yet, the FDA has blatantly ignored federal law to allow telemedicine and mail-order chemical abortion drugs, endangering women’s health and safety at a national scale.<sup>10</sup> Women can now obtain chemical abortions without any medical oversight even though in-person visits are necessary for medical abortions.

<sup>3</sup> *Medication Abortion Now Accounts for More than Half of All US Abortions*, GUTTMACHER INST. (updated Dec. 1, 2022), <https://www.guttmacher.org/article/2022/02/medication-abortion-now-accounts-more-half-all-us-abortions>.

<sup>4</sup> See *Questions and Answers on Mifepristone for Medical Termination of Pregnancy Through Ten Weeks Gestation*, U.S. FOOD & DRUG ADMIN. (Jan. 4, 2023), <https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/questions-and-answers-mifepristone-medical-termination-pregnancy-through-ten-weeks-gestation>.

<sup>5</sup> U.S. Food & Drug Admin., *Mifeprex Highlights of Prescribing Information and Full Prescribing information* (Mar. 2016), [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2016/020687s0201bl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/020687s0201bl.pdf).

<sup>6</sup> *Id.* at 4-5.

<sup>7</sup> James Studnicki et al., *A Longitudinal Cohort Study of Emergency Room Utilization Following Mifepristone Chemical and Surgical Abortions, 1999–2015*, 8 HEALTH SERVS. RSCH. & MANAGERIAL EPIDEMIOLOGY 1, 5 (2021).

<sup>8</sup> Maarit Niinimäki et al., *Immediate Complications After Medial Compared with Surgical Termination of Pregnancy*, 114 OBSTETRICS & GYNECOLOGY 795, 795 (Oct. 2009).

<sup>9</sup> 18 U.S.C. §§ 1461–1462.

<sup>10</sup> The FDA has been sued over their unlawful actions and is ongoing litigation. See, e.g., All. for Hippocratic Med. v. U.S. Food & Drug Admin., No. 2:22-cv-223 (N.D. Tex. filed Nov. 18, 2022).

Medical institutions agree that “[a] medical abortion involves at least two visits to a doctor’s office or clinic.”<sup>11</sup> At the first visit, the healthcare provider must confirm a woman is a medically appropriate candidate for chemical abortion. Women who have ectopic pregnancies or an IUD in place are ineligible to take chemical abortion drugs.<sup>12</sup> Chemical abortion cannot terminate an ectopic pregnancy and should not be used after the first seventy days of pregnancy due to heightened risk to the woman’s health.<sup>13</sup> A physician can only diagnose an ectopic pregnancy by blood tests and an ultrasound, which means a physician cannot determine via telemedicine whether a pregnancy is ectopic.<sup>14</sup> The follow-up visit and reporting are critical to ensure that if a woman has retained tissue, she receives essential follow-up care.

HB 477 completely disregards the necessity of physician involvement in chemical abortions and the risks associated with the regimen. There is no provision in the bill to ensure that women who receive “abortion care services” on college campuses are fully informed about the process and the risks of abortion procedures. Further, under Section 2 (IV), the bill includes pharmacies in the referral network of off-campus reproductive health service providers. Thus, HB 477 allows public universities to refer young women to pharmacies to obtain “abortion care services,” including chemical abortion drugs. In effect, this will increase the number of young women undergoing dangerous medical abortions without any medical oversight and without knowing the risks associated with the drugs. As a result, more young women in Maryland will suffer life-threatening complications when undergoing chemical abortions, which will only be exacerbated by the lack of physician involvement.

b. *HB 477 Furthers the Psychological Harms of Abortion*

If HB 477 is passed, more young women will undergo abortions and suffer psychological harm. “[P]regnancy loss (natural or induced) is associated with an increased risk of mental health problems.”<sup>15</sup> “Research on mental health subsequent to early pregnancy loss as a result of elective induced abortions has historically been polarized, but recent research indicates an increased correlation to the genesis or exacerbation of substance abuse and affective disorders including suicidal ideation.”<sup>16</sup> Scholarship shows “that the emotional reaction or grief experience related to miscarriage and abortion can be prolonged, afflict mental health, and/or impact intimate or parental

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<sup>11</sup> *Medical Abortion*, UNIV. OF CAL. SAN FRANCISCO HEALTH, [www.ucsfhealth.org/treatments/medical-abortion](http://www.ucsfhealth.org/treatments/medical-abortion) (last visited Feb. 8, 2023).

<sup>12</sup> *Questions and Answers on Mifepristone for Medical Termination of Pregnancy Through Ten Weeks Gestation*, U.S. FOOD & DRUG ADMIN. (Jan. 4, 2023), <https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/questions-and-answers-mifepristone-medical-termination-pregnancy-through-ten-weeks-gestation>.

<sup>13</sup> *Id.*

<sup>14</sup> *Ectopic Pregnancy*, MAYO CLINIC (Mar. 12, 2022), <https://www.mayoclinic.org/diseases-conditions/ectopic-pregnancy/diagnosis-treatment/drc-20372093>.

<sup>15</sup> David C. Reardon & Christopher Craver, *Effects of Pregnancy Loss on Subsequent Postpartum Mental Health: A Prospective Longitudinal Cohort Study*, 18 INT’L J. ENV’T RSCH. & PUB. HEALTH 1, 1 (2021).

<sup>16</sup> Kathryn R. Grauerholz et al. *Uncovering Prolonged Grief Reactions Subsequent to a Reproductive Loss: Implications for the Primary Care Provider*, 12 FRONTIERS IN PSYCH. 1, 2 (2021).

relationships.”<sup>17</sup> Similarly, “[s]everal recent international studies have demonstrated that repetitive early pregnancy loss, including both miscarriage and induced abortions, is associated with increased levels of distress, depression, anxiety, and reduced quality of life scores in social and mental health categories.”<sup>18</sup>

This bill subjects young women to perilous abortion procedures that negatively impact their mental well-being. By having public universities readily provide abortion services on campus or refer young women to off-campus providers, the rates of mental health issues such as depression, anxiety, and suicidal ideation, will continue to rise in young women who obtain abortions, diminishing their overall quality of life.

## **II. HB 477 Contradicts the Majority of Americans’ Views on Taxpayer Funding of Abortion**

Restrictions on abortion funding are an important safeguard for taxpayer’s conscience rights. “Abortion presents a profound moral issue on which Americans hold sharply conflicting views.”<sup>19</sup> Yet, the majority of Americans oppose taxpayer funding of abortions. Since 2008, polling data has shown a consistent and clear consensus of Americans supporting restrictions on abortions, including funding restrictions.<sup>20</sup> In a 2022 poll, 54% of Americans said that they opposed the use of taxpayer dollars to pay for abortions.<sup>21</sup> In a poll conducted one year later, 60% of Americans said that they opposed taxpayer funding of abortion.<sup>22</sup> Despite this consensus, HB 477 forces Maryland taxpayers to fund abortions on college campuses or abortion referrals that will likely result in young women obtaining abortions.

Instead of becoming embroiled in the abortion debate, Congress and many states have restricted the scope of appropriations, thus facilitating the passage of important social welfare legislation.<sup>23</sup> Funding restrictions also safeguard taxpayers’ conscientious objections to supporting an action that takes a human life (*i.e.*, the unborn child), by preventing the conscience violation

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<sup>17</sup> *Id.*

<sup>18</sup> *Id.*; see, e.g., Louis Jacob et al., *Association Between Induced Abortion, Spontaneous Abortion, and Infertility Respectively and the Risk of Psychiatric Disorders in 57,770 Women Followed in Gynecological Practices in Germany*, 251 J. AFFECTIVE DISORDERS 107, 111 (2019) (finding “[a] positive relationship between induced abortion . . . and psychiatric disorders”).

<sup>19</sup> *Dobbs v. Jackson Women’s Health Org.*, 142 S. Ct. 2228, 2240 (2022).

<sup>20</sup> See *New 2023 Knights of Columbus-Marist Poll: Post Roe, A Majority of Americans Continue to Support Legal Limits on Abortion*, KNIGHTS OF COLUMBUS (Jan. 18, 2023), <https://www.kofc.org/en/resources/communications/polls/majority-americans-still-support-abortion-limits.pdf>.

<sup>21</sup> See *New Knights of Columbus-Marist Poll: A Majority of Americans Support Legal Limits on Abortion, and Oppose Taxpayer Funding*, KNIGHTS OF COLUMBUS (Jan. 20, 2022), <https://www.kofc.org/en/news-room/polls/americans-support-legal-limits-on-abortion.html> (finding in a 2022 poll that 54% of Americans oppose or strongly oppose taxpayer funding of abortions).

<sup>22</sup> *New 2023 Knights of Columbus-Marist Poll*, *supra*, note 16 (finding in a 2023 poll that 60% of Americans oppose taxpayer funding of abortions and 78% oppose funding abortions services abroad).

<sup>23</sup> See, e.g., Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, div. H., tit. V, §§ 506–507(c), 136 Stat. 496 (incorporating the Hyde Amendment’s restrictions on the public funding of abortion).

altogether. Therefore, the bill infringes on many taxpayer's conscience rights as Maryland taxpayers will be funding abortions.

### **III. HB 477 Lacks Necessary Oversight**

HB 477 provides very little, if any, oversight over public universities creating and implementing "reproductive health services plans" on college campuses or through a referral system. Further, HB 477 does not include any reporting requirements that would illustrate the impact that these "reproductive health services plans" have on young women, such as reporting requirements on qualifications of providers in the university system, the number of abortions provided on campus, or the tracking of chemical abortion prescriptions. The only form of oversight included in the bill is if a public college requests the Maryland Department of Health assist in developing a reproductive health services plan.

In other words, unless a public university explicitly requests aid from the Maryland Department of Health, the university, "in consultation with students," is given governance over a program that would significantly impact young women's health. Significantly, there are no guidelines provided in the bill that would protect women from coercion, ensure awareness of domestic abuse, or counsel women on the realities of pregnancy, including options for adoption or prenatal care. Rather, HB 477 gives public universities and students freedom to create and implement programs that gravely harm young women's physical and mental health.

### **IV. Conclusion**

Ultimately, HB 477 disregards the risks of chemical abortions, endangers young women's physical and psychological health and safety, subverts taxpayers' conscience rights, and lacks necessary oversight to protect young women. For these reasons, I strongly encourage this Committee to vote in opposition to HB 477.

Respectfully Submitted,

A handwritten signature in blue ink that reads "Danielle Pimentel". The signature is written in a cursive, flowing style.

Danielle Pimentel, J.D.  
Policy Counsel  
AMERICANS UNITED FOR LIFE

# **UNFAVORABLE.HB477.MDRTL.L.Bogley.pdf**

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## Opposition Statement HB 477

Public Senior Higher Education Institutions - Reproductive Health Services Plans - Requirements

Laura Bogley, JD

Executive Director, Maryland Right to Life

### We Strongly Oppose HB 477

On behalf of our 200,000 followers across the state, we strongly object to HB477. **This bill forces county high schools to become an active partner with the abortion industry using taxpayer funds**, subjects minor children to abortion coercion at the hands of adults within the school system, and undermines parental rights to make medical decisions for their children. We once again urge the state to put the safety of patients, in this case school children, before abortion politics and profit, by issuing an unfavorable report on this reckless bill.

### Maryland is State Sponsor of Abortion

The state of Maryland including the Department of Education and the Department of Health have become state sponsors of the abortion industry, using taxpayer funds to contract out educational curriculum development, programs, training and school health services to questionable third-party organizations that are financially interested in abortion sales, including Planned Parenthood and Advocates for Youth.

Together they have established the existing **Maryland Comprehensive Health Education Framework** and the **Maryland Standards for School-Based Health Centers**. They are pushing a radical sexuality agenda beginning in kindergarten, that includes medically inaccurate curriculum that is not healthful or appropriate at any age. They are intentionally miseducating children about human reproduction, falsely instructing that a new human life does not begin at fertilization but at implantation, and therefore justify the use of common abortifacient drugs to "prevent pregnancy". This is despite the scientific fact that 95% of biologists agree that new life begins at fertilization.

Planned Parenthood cannot be trusted with the reproductive health of our youth. Abortion businesses have been exposed promoting irresponsible sex and providing faulty contraception to meet abortion sale quotas. Carol Everett operated abortion clinics in the Dallas area in the 1970s and explained how sex-ed was an important part of cultivating and maintaining abortion sales among younger clientele.

*Sex-ed was calculated, she said, "to separate the children from their values and their parents," adding that, at one point, her business' goal "was to assure every girl between the ages of 13 and 18 have three to five abortions."*

*Finally, in junior high, Everett said, "My goal was to get them sexually active on a low dose birth control pill that we knew they would get pregnant on. How do you do that? You give them a low dose birth control pill that has to be taken accurately at the same time every single day. And you know and I know, there's not a teen in the world who does everything the same time every day."*

## **Planned Parenthood Taking Over School Health Centers**

Recently, the Maryland General Assembly removed oversight of School Based Health Centers from the Department of Education and gave the Department of Health unilateral bureaucratic control over health education. They broadly expanded what type of providers may manage and operate School Based Health Centers. We are opposed to any policy that allows Planned Parenthood to manage clinics on school grounds as they currently do in Los Angeles, California (see article *Washington Examiner*).

Under the influence of the abortion lobby, including Advocates for Youth, the state has given adults unfettered access to prey on schoolchildren. During the school day a minor girl may undergo a medical procedure to implant birth control, get free transportation to an abortion mill, or possibly receive chemical abortion pills, all with an excused absence and without parental notice or consent (see SBHC attachment). The lack of parental notification under existing standards, puts students at greater risk of abortion coercion, undiagnosed abortion complications including death, and enables pedophiles and sexual abusers to continue abusing child victims.

This bill seeks to codify this abortion promotion and coordination and mandate implementation on all public school systems using taxpayer funding as additional corporate welfare for the abortion industry.

### **Maryland is Failing to Protect Children**

The Assembly recently removed protections under the law for children by reducing the age of medical consent for behavioral health services to 12 years of age. Mental health, including anxiety or depression has long been used to justify taxpayer funded abortion including on minor girls. Many of the same businesses who commit abortions, are expanding their business models and their reach over defenseless children by pushing puberty blockers and gender mutilation. Some have expressed their intention to use school psychologists and counselors as a feeder system to prey upon school children for their own financial gain.

While Maryland law already permits girls 16 and over to undergo abortion procedures without parental notice or consent, we do not know how many abortions are committed on children under the age of 16. The state shields abortionists by allowing them to commit abortions unfettered and without reporting requirements to the state or the Centers for Disease Control. Maryland is one of only three states that do not require abortion reporting. While abortion providers are supposed to be subject to the law as mandatory reporters of suspected child abuse, we are aware of no such report. Inspections of abortion clinics and practices are complaint-driven only. But even after two women suffered near fatal injuries from botched abortions in Bethesda, the Maryland Department of Health refused to inspect the facility until after legal action was taken by the victims.

### **Abortion is not healthcare**

Abortion is not healthcare. It is violence and brutality that ends the lives of unborn children through suction, dismemberment or chemical poisoning. The fact that 85% of OB-GYNs in a representative national survey do not perform abortions on their patients is glaring evidence that abortion is not an essential part of women's healthcare.

Recent acts of abortion activists occupying the Maryland General Assembly have completely removed abortion from the spectrum of healthcare. As a result of the Abortion Care Access Act of 2022, sponsored by Delegate Ariana Kelly (D-Montgomery), a former NARAL employee, poor women will be deprived access to care through a licensed physician. The state is now allowing any "certified provider of abortion care" to perform or provide both surgical and chemical abortion through birth.

Combine this with the fact that 54% of abortions are now “Do-It-Yourself” abortions where women are remotely prescribed dangerous abortion pills without a physician’s examination and are left to hemorrhage alone until their bodies forcefully expel their babies’ bodies, and the argument that abortion is healthcare is completely discredited.

Women have legitimate options for reproductive health care. There are 14 federally qualifying health care centers for every Planned Parenthood in Maryland. There are four times more pregnancy centers that offer lifesaving alternatives to abortion at NO COST to women.

### **State-sponsored abortion is having a genocidal impact on Black Marylanders**

Abortion has a disproportionate impact on Black Americans who have long been targeted by the abortion industry for eugenics purposes. Even today 78% of abortion clinics are located in minority communities. As a result abortion violence has become the leading killer of Black lives, more than gun violence and all other causes combined. More than half of all pregnancies to Black women in Baltimore City end through abortion violence. The state fails to measure or report the correlation between the increased use of abortion with increased risk to maternal mortality, infertility, miscarriage, pre-term births for Black mothers. This makes any argument that abortion is healthcare a morally repugnant call for state-sponsored genocide of Black children in Maryland.

### **Parental Notice and Consent Provides Better Outcomes for Youth**

Maryland Right to Life trusts parents to make the best decisions about their children’s health. State law must recognize the natural and legal right of parents to provide consent for their children’s medical care. But the state has repeatedly demonstrated a wanton disregard for the rights of parents and the welfare of school children. Under the influence of the abortion industry, the state removed the requirement that parents must first give permission for their child to participate in the sex ed curriculum, or to “opt in”. Parents now have the obligation to “opt out” if they are provided notice at all.

The State of Maryland, through the Department of Education has been entrusted by parents with the academic instruction of Maryland children. The state has far exceeded its limited authority to act in place of the parents during the school day, particularly in the matter of student health. Parents expect their children will be taught health and human reproduction-not sexuality. Parents send their daughters to school for an education, not for an abortion. The state must restore the trust of parents by removing abortion businesses from our schools.

### **No Public Subsidies to Billion Dollar Abortion Industry**

A 2023 Marist poll showed that 81% of Americans polled favor laws that protect both the lives of women and unborn children, and that 60% oppose the use of tax dollars to pay for abortion. Taxpayers should not be forced to subsidize abortion indoctrination, promotion and abortion violence. *Public funds instead should be prioritized to fund legitimate health and family planning services which have the objective of saving the lives of both mother and children*, including programs for improving maternal health and birth and delivery outcomes, well baby care, parenting classes, foster care reform and affordable adoption programs.

### **Funding restrictions are constitutional**

The Supreme Court of the United States, in *Dobbs v. Jackson Women’s Health* (2022), overturned *Roe v. Wade* (1973) and held that there is no right to abortion found in the Constitution of the United States. As early as 1980 the Supreme Court affirmed in *Harris v. McRae*, that *Roe* had created a limitation on government, not a government funding entitlement. The Court ruled that the government may distinguish between abortion and

other procedures in funding decisions -- noting that “*no other procedure involves the purposeful termination of a potential life*”, and held that there is “*no limitation on the authority of a State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds.*”

**Once again, we urge you to put parents and children before politics and profit, by issuing an unfavorable report on this dangerous and predatory bill.**

Sincerely,

**Laura Bogley, J.D.  
Executive Director  
Maryland Right to Life**

Developmentally appropriate reproductive care must be provided according to community acceptance, documented need and community norms. Reproductive health services are not in lieu of reproductive health services provided by community base health providers, SBHC are encouraged to partner with other community-based providers.

<b>Reproductive Health Services</b>	<b>Level I Core</b>	<b>Level II Expanded</b>	<b>Level III Comprehensive</b>
<b>d. General Reproductive Health Services</b>			
Reproductive health exam (inclusive of pap, pelvic, testicular exam)	Recommended	Recommended	Recommended
Abstinence education	Onsite	Onsite	Onsite
Referral for community based reproductive healthcare services	Onsite	Onsite	Onsite
Case management	Onsite	Onsite	Onsite
Pregnancy testing	Onsite	Onsite	Onsite
Reproductive Health Education	Onsite	Onsite	Onsite
<b>e. Family Planning Services</b>	<b>Level I Core</b>	<b>Level II Expanded</b>	<b>Level III Comprehensive</b>
Family Planning Services	Recommended	Recommended	Recommended
Prescriptions for contraceptives	Recommended	Recommended	Recommended
Comprehensive pregnancy options/ pregnancy counseling	Recommended	Recommended	Recommended
Case management	Onsite	Onsite	Onsite
Referral for community based reproductive healthcare services	Onsite	Onsite	Onsite
Condom availability	Recommended	Recommended	Recommended
Prenatal care	Referral	Referral	Referral
Informing and referring for birth control	Onsite	Onsite	Onsite
Dispensing contraceptives	Onsite or Referral	Onsite or Referral	Onsite or Referral
<b>f. STD/STI Services</b>	<b>Level I Core</b>	<b>Level II Expanded</b>	<b>Level III Comprehensive</b>
Case management	Onsite	Onsite	Onsite
STD/STI treatment and testing	Onsite	Onsite	Onsite
Condom availability	Recommended	Recommended	Recommended
HIV pre- and post-test counseling/HIV testing	Recommended	Recommended	Recommended
HIV/AIDS treatment	Referral	Referral	Referral

**Mental Health Services** must be provided in collaboration with a licensed provider for those students requiring psychotropic drugs as part of their treatment.

<b>g. Mental Health Services</b>	<b>Level I Core</b>	<b>Level II Expanded</b>	<b>Level III Comprehensive</b>
Individual mental health assessment	Referral	Onsite	Onsite
Mental health treatment	Referral	Onsite	Onsite
Mental health crisis intervention	Referral	Onsite	Onsite
Group therapy	Referral	Onsite	Onsite
Family therapy	Referral	Onsite	Onsite
Consultation with school administrators, parent/guardian, teachers and students	Onsite	Onsite	Onsite
Psychiatric evaluation	Onsite or Referral	Onsite or Referral	Onsite or Referral
Psychiatric medication management	Onsite or Referral	Onsite or Referral	Onsite or Referral

## Planned Parenthood plans to infiltrate high schools

by [Kate Hardiman, Contributor](#) | December 16, 2019 02:07 PM

Planned Parenthood [announced](#) it will be opening 50 clinics in Los Angeles high schools last week. This is just the organization's latest attempt to infuse its values into the public school system.

Though the new "Wellbeing Centers" stop short of offering surgical abortions, they will provide emergency contraception, STI testing and treatment, and a wide range of birth control options. Funded by a \$10 million grant from Los Angeles County and \$6 million from Planned Parenthood, 50 clinics will open over the next three years, available to more than 75,000 students.

Students can walk into the clinics anytime — including during class. Per California law, minors can receive emergency contraception and other forms of birth control, and healthcare providers are not allowed to inform their parents without the minor's permission.

The clinics will also train hundreds of teens to be "peer advocates" about "safe sex and relationships" and will provide "pregnancy counseling." Pro-life advocates believe these are thinly-veiled efforts to drive more business to Planned Parenthood's abortion-providing clinics.

"If LAUSD truly cares about the health of our daughters (and sons) it would not give unfettered access to our kids to an organization that directly benefits from unplanned pregnancies," 28-year California public school teacher and founder of the nonprofit organization For Kids and Country Rebecca Friedrichs said in a statement.

"District officials are quick to point out these clinics won't technically offer abortions on-premises, but no one is fooled that abortion won't be heavily pushed on our daughters and sons by an organization that has made billions off the macabre practice," she concluded.

This move builds upon [the controversial sex education framework](#) California forced into its public schools in April. Planned Parenthood helped draft and lobby for this effort — which pushes schools to teach young children about gender identity and how to perform certain types of sexual acts.

Roughly 200 parents marched on Sacramento against the curriculum before it was enacted, and a petition in Fremont, California, garnered more than 8,000 signatures. The outcry over Planned Parenthood's new in-school clinics could be even louder.

Parents should be alarmed by Planned Parenthood's latest effort to usurp their authority as the primary educators of their children, and the Los Angeles school system's acquiescence. As progressive groups continue to co-opt public schools, parents will increasingly face a decision about whether they must leave the system — or risk the state deciding it knows best for their children.

*Kate Hardiman is a contributor to the Washington Examiner's Beltway Confidential blog. She taught high school in Chicago for two years while earning her M.Ed. and is now a J.D. candidate at Georgetown University Law Center.*

# **HB0477\_Tom and Tina Wilson\_Unfavorable.pdf**

Uploaded by: Thomas Wilson

Position: UNF



**Written Testimony of Thomas P. and Tina M. Wilson**  
**RE: In Opposition to House Bill HB0477 - Public Senior Higher Education**  
**Institutions - Reproductive Health Services Plans - Requirements**

**February 14, 2023**

As citizens of the state of Maryland, we oppose Maryland **House Bill HB0477** as currently drafted. This testimony seeks to express our concerns around **HB0477**.

This bill establishes a state mandate on all public senior higher education institutions to participate in abortion by promoting abortion, referring minor girls for abortion and providing transportation to abortion providers including pharmacists, during the school day without parental notice or consent. While efforts such as these are already ongoing in many schools, this bill creates the abortion coordination framework so that state taxpayer funds may be attached in the future. This bill is another attempt at Government over-reach, usurping parental rights and control over their children, and postures the State to allocate taxpayer funds for abortion.

We oppose this bill and all attempts to promote abortion in public higher education institutions.